

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE				
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/					51	/					
2	/					52	/					
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44	/					94						
45	/					95						
46	/					96						
47	/					97						
48	/					98						
49	/					99						
50	/					100						
TOTAL IND.	6					TOTAL IND.						
TOTAL DEP.	59					TOTAL DEP.						
TOTAL CLAIMS	65					TOTAL CLAIMS						